

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

40631

**1. PLACE OF DEATH**

County Jackson  
Township Haw  
City Kansas City (No. 3210)

Registration District No. 399  
Primary Registration District No. 1002  
East 13th

File No. \_\_\_\_\_  
Registered No. 5115  
St. 9th Ward

**2. FULL NAME**

William McKinley Brown  
(a) Residence. No. 3210 East 13th St., 9th Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 3 - 1895

7. AGE YEARS MONTHS DAYS | IF LESS than 1 day, hrs. or min.  
33 | 11 | 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Railroad Brakeman  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Aurora  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Frank Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Perkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York  
(STATE OR COUNTRY)

14. INFORMANT Mrs Mary G. Brown  
(Address) 3210 East 13th - Kansas City Mo

15. FILED 17/10/28 M. M. Corbett REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 9 1928

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 1928, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on Dec 9, 1928, and that death occurred, on the date stated above, at 1:30 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

acute dilatation of heart  
520 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY arthritis deformans  
(SECONDARY) (duration) 13 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) S. A. Ruelle, M. D.  
17/10/28 (Address) 1005 Park St

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL St Moriah Cemetery DATE OF BURIAL 12-11 1928

20. UNDERTAKER John J. Sheehan ADDRESS K.C. Mo

WRITE FAINTLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr. Neville 10/7/1900

Ma 4632